

Patient Account # _____

LABORATORY CONSENT FORM

Most insurance companies have a "preferred laboratory" that you **must use** in order for your **lab work to be covered by your insurance. Each patient is responsible for knowing the preferred lab required by their insurance company.** We at Southern Utah Women's Health Center, P.C. do **not** know the benefits of your personal policy nor can we be familiar with all policies in the insurance industry.

We therefore ask that prior to your visits you either call your insurance company or human resource department to find out your preferred lab if you do not know what it is or your insurance changes.

Southern Utah Women's Health Center, P.C. does not take responsibility for knowing your preferred lab. We also are not responsible for your lab bills. You will need to request a new "laboratory consent form" if your insurance changes or your insurances preferred lab changes.

Please circle one of the below Labs:

IHC/DRMC

Quest Lab

Lab Corp

We need to advise you that although you have a "preferred laboratory", there are occasions when, due to an emergency situation, we would send your lab work to Dixie Regional Medical Center. _____ (your Initials)

I understand that all lab work ordered by my physician and sent to an outside lab will be billed separately by that lab to my insurance company. I understand that I am responsible to pay for all lab charges, whether or not I have insurance and whether or not it is a covered benefit of my insurance. I understand that the laboratory will bill me separately for these lab charges.

Lab work includes, but is not limited to Pap Smears, Vaginal Cultures, Urine Cultures, Blood Tests and Biopsies.

Print Patient name: _____ Signature: _____

Date: _____

Print Guardian name: _____ Relationship: _____

Signature: _____ Date: _____

Southern Utah Women's Health Center, P.C.